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1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/703,965

08/28/96

028

TURNER, A

1317

02/18/98

First Named Applicant

LJUNGBERG,

BJORN

TITLE OF INVENTION
DATED TURNING INSERT

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

024444-264

428-216.000

A72

UTILITY

NO

\$1320.00

05/18/98

3. Correspondence address change (Complete only if there is a change)

05/21/1998 LBERGER 00000123 08703965

01 FC:142

1320.00 OP

02 FC:56

30.00 OP

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 BURNS, DOANE,

2 SWECKER & MATHIS

3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

SANDVIK AB

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Sandviken, SWEDEN

6a. The following fees are enclosed:

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Ronald L. Grudziecki #24,970

(Date) 05/18/98

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(Signature)

(Date)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
)	
Bjorn LJUNGBERG et al.)	Box Issue Fee
)	
Application No.: 08/703,965)	Batch No. A72
)	
Filed: August 28, 1996)	
)	
For: COATED TURNING INSERT)	
)	
)	

**PAYMENT OF ISSUE FEE AND AUTHORIZATION
TO CHARGE DEPOSIT ACCOUNT FOR ANY DEFICIENCY**

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

A check for the required Issue Fee in the above-identified application is enclosed. If the check has become separated from this paper, or if the amount of the check is incorrect, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.18, 1.19, and 1.21 that may be required by the attached Issue Fee Transmittal Form, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: _____

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Date: May 18, 1998